



## **Qualifying Officer** **Electronic Filing Access Code**

### **Georgia Government Transparency and Campaign Finance Commission**

200 Piedmont Avenue  
Suite 1402 - West Tower  
Atlanta, GA 30334

#### **PERSONAL IDENTIFICATION NUMBER APPLICATION**

##### **Identification - Please Print**

Filing Office: \_\_\_\_\_  
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##### **Verification - Must Be Notarized**

State of \_\_\_\_\_, County of \_\_\_\_\_.

I, the undersigned filer do hereby swear or affirm that the information in this application is complete, true, and correct to the best of my knowledge and belief. I acknowledge that any report I submit electronically in the future I shall verify as complete, true, and correct to the best of my knowledge and belief.

SIGNATURE: \_\_\_\_\_

NOTARY PUBLIC (sign name): \_\_\_\_\_

PRINT NOTARY'S NAME: \_\_\_\_\_

My Commission expires: \_\_\_\_\_

This document was sworn to or affirmed and subscribed before me on \_\_\_\_\_, 20\_\_\_\_

##### ***For Office Use Only***

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